



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6690

<b>SERIAL NUMBER</b> 10/661,368	<b>FILING OR 371(c) DATE</b> 09/12/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> PALO-001
<b>APPLICANTS</b> Anthony Joonkyoo Yun, Palo Alto, CA; Patrick Yuarn-Bor Lee, Piedmont, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/477,070 06/09/2003 and claims benefit of 60/482,593 06/24/2003 and claims benefit of 60/494,260 08/11/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>SG</u> Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 24353				
<b>TITLE</b> Treatment of conditions through electrical modulation of the autonomic nervous system				
<b>FILING FEE RECEIVED</b> 2363	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	